

<b>DELINEATION OF PRIVILEGES RECORD</b> <small>For use of this form, see AR 40-68; the proponent agency is OTSG</small>				1. PERIOD FROM _____ TO _____	
<b>2. Check the Appropriate Category</b>					
A. Anesthesia	I. Pediatrics	Q. Nurse Practitioners <i>(Adult)</i>			
B. Dentistry	J. Podiatry	R. Nurse Practitioners <i>(Pediatric)</i>			
C. Family Practice	K. Psychiatry	S. OB/GYN Nurse Practitioners			
D. Internal Medicine & Subspecialty	L. Psychology	T. Physician Assistants			
E. Neurology	M. Radiology/Nuclear Medicine	U. Emergency Medicine			
F. Obstetrics & Gynecology	N. Surgery	V. Other Specialty <i>(Specify)</i>			
G. Optometry Service	O. Nurse Anesthetists				
H. Pathology	P. Nurse Midwives				
<b>3. Recommendations</b>					
A. MEDICAL TREATMENT FACILITY/DENTAC		B. STATUS <input type="checkbox"/> (1) Temporary <input type="checkbox"/> (2) Provisional <input type="checkbox"/> (3) Courtesy <input type="checkbox"/> (4) Consulting <input type="checkbox"/> (5) Full <i>(Appointment Status)</i>		C. CLINICAL PRIVILEGES <input type="checkbox"/> (1) Granted as Requested <input type="checkbox"/> (2) Modified as Recommended <input type="checkbox"/> (3) Other <i>(See Remarks)</i>	
D. DEPT./SVC <i>(Specify)</i>	E. DATE	G. CREDENTIALS COMMITTEE		H. DATE	
F. SIGNATURE		I. SIGNATURE			
<b>4. Approval</b>					
A. NAME OF HOSPITAL/DENTAC COMMANDER		B. SIGNATURE		C. DATE	
<b>5. Remarks</b>					
<b>6. Practitioner's Education/Training Update</b>					
A. BOARD ELIGIBLE FROM <i>(Date)</i>	B. BOARD EXAMINATION TAKEN <i>(Date)</i>  <input type="checkbox"/> Total <input type="checkbox"/> Partial	C. BOARD CERTIFIED  <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Give Name of Board)</i>			
D. RECERTIFICATION <i>(Board and Date)</i>	E. UTILIZED IN PRIMARY SPECIALTY	F. YEARS AND DATES OF SPECIALTY TRAINING <i>(Specify only training since initial application)</i>			
G. TOTAL HOURS OF CONTINUING EDUCATION THIS PERIOD	H. TOTAL HOURS OF SUB-SPECIALTY BOARD THIS PERIOD <i>(Specify)</i>	J. NAME OF APPLICANT OR PRACTITIONER			
I. MEMBERSHIP IN SPECIALTY SOCIETY(IES) <i>(Specify)</i>		K. SIGNATURE		L. DATE	